POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Mv*	67017	9/3/w
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	*SB*	56222	10-11-00

INDEX OF CLAIMS

✔	Rejected		N		Non-elected
=	Allowed		I		Interference
—	(Through numeral) Canceled		A		Appeal
∴	Restricted		O		Objected

Claim		Date					Claim		Date					Claim		Date				
Final	Original						Final	Original						Final	Original					
	1	✔	✔	✔				51							101					
	2	✔	✔					52							102					
	3	N	N					53							103					
	4	✔						54							104					
	5	N						55							105					
	6	N						56							106					
	7	✔						57							107					
	8	N						58							108					
	9	N						59							109					
	10	N						60							110					
	11	N						61							111					
	12	N						62							112					
	13	N	✔					63							113					
	14	✔						64							114					
	15	N						65							115					
	16	∴	N					66							116					
	17							67							117					
	18							68							118					
	19							69							119					
	20							70							120					
	21							71							121					
	22							72							122					
	23							73							123					
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	25							75							125					
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	37							87							137					
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	39							89							139					
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	46							96							146					
	47							97							147					
	48							98							148					
	49							99							149					
	50							100							150					

If more than 150 claims or 10 actions
staple additional sheet here